

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **64121**

Registrar's No. **1108**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(c) Name of hospital or institution: **1433 North 151**  
(d) Length of stay: In hospital or institution **abt 22 wks**  
In this community **abt 22 wks**

3. (a) PRINT FULL NAME **MARTHA-V - CODER**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **Wht** 6. (a) Single, widowed, married, divorced **Mar.**

6. (b) Name of husband or wife **Frederick** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **June 9 1908**

8. AGE: Years **35** Months **3** Days **10** If less than one day **hr. min.**

9. Birthplace **Oregon** (City, town, or county) **Med. B** (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **Leonard Phillips**

12. Name **Leonard Phillips**

13. Birthplace **Ind.** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Hayes**

15. Birthplace **Ind.** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Coder**

(b) Address **St. Joseph, Mo.**

17. (a) **B** (Burial, cremation, or removal) (b) Date thereof **Oct 9-43**

(c) Place: burial or cremation **Oakland**

18. (a) Signature of funeral director **Ray Stamer**

(b) Address **St. Joseph, Mo.**

19. (a) **Oct 8, 1943** (Date received local registrar) (b) **Mo. H. H. H.** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(d) Street No. **1433 North 151**  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **7th** year **1943** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Oct 7th 1943** to **1943**, and that death occurred on the date and hour stated above.

Immediate cause of death **suicide by gun shot wound in the left chest**

Due to **Woman shot herself with a 38 caliber revolver while alone in her home. The bullet entered the chest 1" below and 1" to the right of the**

Other conditions (Include pregnancy within 3 months of death) **none**  
Major findings: **the chest 1" below and 1" to the right of the**  
Of autopsy **NO**  
Causing instant death.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **Oct 7th 1943**

(c) Where did injury occur? **St. Joseph, Buchanan Co., Mo.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In the home**

While at work? **no** (Specify type of place) **Revolver**

23. Signature **H. F. Mundy** (M. D. or other) **Coroner**  
Address **St. Joseph, Mo.** Date signed **10/7/43**

1233 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John Ray Plamery*

Licensed Embalmer No. *2435*

P. O. Address.....

*St Joseph NW*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**